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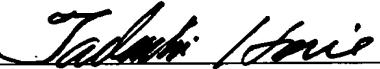
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| FORM PTO-1390<br>(REV. 5-93)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                | U.S. DEPARTMENT OF COMMERCE<br>PATENT AND TRADEMARK OFFICE<br>TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371 | CASE NO. 9683/63<br>U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.5)<br><b>09/581632</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP99/06333                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | INTERNATIONAL FILING DATE<br>November 12, 1999 | PRIORITY DATE CLAIMED<br>November 12, 1998                                                                                                                                               |                                                                                            |
| TITLE OF INVENTION<br>COMMUNICATION CONTROL METHOD, COMMUNICATION CONTROL APPARATUS AND STORAGE MEDIUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                                                                                                                                                          |                                                                                            |
| APPLICANT(S) FOR DO/EO/US<br>MICHIYASU CHIKADA et al.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                                                                                                                                                                          |                                                                                            |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                                                                                                                                          |                                                                                            |
| <p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371</p> <p>3. <input type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1).</p> <p>4. <input type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date.</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)).</p> <ul style="list-style-type: none"><li>a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau).</li><li>b. <input checked="" type="checkbox"/> has been transmitted by the International Bureau.</li><li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li></ul> <p>6. <input checked="" type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <ul style="list-style-type: none"><li>a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau).</li><li>b. <input type="checkbox"/> have been transmitted by the International Bureau.</li><li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li><li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li></ul> <p>8. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)) and/or amendments under Article 34.</p> |                                                |                                                                                                                                                                                          |                                                                                            |
| <b>Items 11. to 16. Below concern other document(s) or information included:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                                                                                          |                                                                                            |
| <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input type="checkbox"/> A FIRST preliminary amendment.</p> <ul style="list-style-type: none"><li><input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.</li></ul> <p>14. <input type="checkbox"/> A substitute specification.</p> <p>15. <input type="checkbox"/> A change of power of attorney and/or address letter.</p> <p>16. <input checked="" type="checkbox"/> Other items or information: Power of Attorney</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                                                                                                                                          |                                                                                            |

| U.S. APPLICATION NO. (If known see 37 C.F.R. 1.50)<br><b>09/581632</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | INTERNATIONAL APPLICATION NO.<br>PCT/JP99/06333    | CASE NO. 9683/63                                                                                                                                            |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--------------|--------------|------|--------------|----------|---|------------|--------------------|--------|---|------------|-------------------------------------------|--|---|------------|-------------------------------|--|--|----|
| 17. <input type="checkbox"/> The following fees are submitted:<br><b>Basic National Fee (37 CFR 1.492(a)(1)-(5)):</b><br>Search Report has been prepared by the EPO or JPO..... \$840.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | CALCULATIONS <input type="checkbox"/> PTO USE ONLY |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| International preliminary examination fee paid to USPTO<br>(37 CFR 1.492(2)(1)) ..... \$670.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| No international preliminary examination fee paid to USPTO<br>(37 CFR 1.482) but international search fee paid to USPTO<br>(37 CFR 1.492(a)(2)) ..... \$760.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| Neither international preliminary examination fee (37<br>CFR 1.482) nor international search fee (37 CFR<br>1.492(a)(3)) paid to USPTO ..... \$970.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| International preliminary examination fee paid to<br>USPTO (37 CFR 1.482) and all claims satisfied<br>provisions of PCT Article 33(1)-(4) ..... \$96.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| <b>ENTER APPROPRIATE BASIC FEE AMOUNT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Claims</th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>17- 20 =</td> <td>0</td> <td>x \$ 18.00</td> </tr> <tr> <td>Independent Claims</td> <td>3- 3 =</td> <td>0</td> <td>x \$ 78.00</td> </tr> <tr> <td>Multiple dependent claim(s) if Applicable</td> <td></td> <td>0</td> <td>+ \$260.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td>\$</td> </tr> </tbody> </table> |              |                                                    |                                                                                                                                                             |  | Claims                | Number Filed | Number Extra | Rate | Total Claims | 17- 20 = | 0 | x \$ 18.00 | Independent Claims | 3- 3 = | 0 | x \$ 78.00 | Multiple dependent claim(s) if Applicable |  | 0 | + \$260.00 | TOTAL OF ABOVE CALCULATIONS = |  |  | \$ |
| Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Number Filed | Number Extra                                       | Rate                                                                                                                                                        |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 17- 20 =     | 0                                                  | x \$ 18.00                                                                                                                                                  |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3- 3 =       | 0                                                  | x \$ 78.00                                                                                                                                                  |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| Multiple dependent claim(s) if Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | 0                                                  | + \$260.00                                                                                                                                                  |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| TOTAL OF ABOVE CALCULATIONS =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                    | \$                                                                                                                                                          |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| Reduction by $\frac{1}{2}$ for filing by small entity, if applicable. Verified Small Entity statement must also be filed. (Note 37<br>CFR 1.9, 1.27, 1.28)<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">SUBTOTAL =</th> </tr> </thead> <tbody> <tr> <td colspan="2">\$</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                    |                                                                                                                                                             |  | SUBTOTAL =            |              | \$           |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| SUBTOTAL =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| Surcharge of \$130.00 for furnishing the English translation later than the <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">TOTAL NATIONAL FEE=</th> </tr> </thead> <tbody> <tr> <td colspan="2">\$</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                               |              |                                                    |                                                                                                                                                             |  | TOTAL NATIONAL FEE=   |              | \$           |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| TOTAL NATIONAL FEE=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31), \$40.00 per property +<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">TOTAL FEES ENCLOSED=</th> </tr> </thead> <tbody> <tr> <td colspan="2">\$880.00</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                    |                                                                                                                                                             |  | TOTAL FEES ENCLOSED=  |              | \$880.00     |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| TOTAL FEES ENCLOSED=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| \$880.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Amount to be refunded</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td>charged</td> <td>\$</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                    |                                                                                                                                                             |  | Amount to be refunded | \$           | charged      | \$   |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| Amount to be refunded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$           |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| charged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$           |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| <input checked="" type="checkbox"/> A check in the amount of <u>\$880.00</u> to cover the above fees is enclosed.<br><input type="checkbox"/> Please charge my Deposit Account No. 23-1925 in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                              |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                    |                                                                                                                                                             |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |
| Send All Correspondence to:<br>Brinks Hofer Gilson & Lione<br>P.O. Box 10395<br>Chicago, IL 60610                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                    | <br>Signature<br>Tadashi Horie<br>Name<br>40,437<br>Registration Number |  |                       |              |              |      |              |          |   |            |                    |        |   |            |                                           |  |   |            |                               |  |  |    |